

Homeless & Housing Service Providers'

# **Medi-Cal Academy**

Session #10: Data Elements to Support Documentation,  
Track Funding Sources & Meet Funder Requirements

May 17, 2023





# About CSH

CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.



[csh.org](https://csh.org)

# Your Training Team Today



**Cheryl Winter, MPH, LCSW**

**(she, her, hers)**



**Ambrosia Crump, MPA, LCSW**

**(she, her, hers)**

# What content is covered?

Some Counties are holding contracts with MCPs and subcontracting to homeless service providers- in this case the sessions with the asterisks (\*) will benefit providers most.

Topic	Audience	Timeline
Medicaid 101: Medicaid basics, including contracting, documentation, billing and CalAIM CS 101*	Providers, CoC, County Staff	January 11, 2023
Business Planning for Medi-Cal Housing-Related Community Supports	Providers	January 25, 2023
Evidence Based Practices in Housing-Related Community Supports and PSH*	Providers and MCPs	February 8, 2023
Money Matters 101: Services Costs, Cash Flow and Blended Funding	Providers	February 15, 2023
Money Matters 201: Tools for understanding Costs, Cash Flow and Blended Funding	Providers	March 8, 2023
Incorporating Community Health Workers and Peers into your Workforce*	Providers, County Staff and MCPs	April 5, 2023
MCP and Medi-Cal Compliance Requirements and Claims Processes*	Providers, CoC and County staff	April 12, 2023
Common Policies and Procedures for Medi-Cal Providers*	Providers and County Staff	April 26, 2023
Medi-Cal Documentation Standards and Processes*	Providers and County Staff	May 3, 2023
EHR Elements to Support Documentation, track funding source and funder requirements*	Providers, MCPs, CoC and County Staff	May 17, 2023

All past session slide decks and tools can be found here: [CSH Medi-Cal Academy](#)



# Learning Objectives for Today

Understand key differences between data systems for services (EHRs, HIEs, HMIS, etc)

The key data elements to track for documentation and quality improvement

Tips for data elements to help track staff time by funding source

Identify required data fields for Housing-related Community Supports reporting



# Understanding Data System Options for Housing-related Community Supports

# Service Data Management & Integration Systems

Homeless  
Management  
Information System  
(HMIS)

Case Management  
Software

Electronic Health  
Record (EHR),  
Electronic Medical  
Record (EMR)

Health Information  
Exchanges (HIE),  
Community  
Information  
Exchanges (CIE)



# Definitions of each and common use/standards

## HMIS

- A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
- HMIS Data Standards - HUD Exchange (2024)

## EHR System

- An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization
- Typically has functions for information flow to payers, labs, other clinicians, specialists, patients, hospitals and pharmacies. Integration varies.

## Case Management Software

- Software applications that help to manage donations, automate workflow, track case information, input therapy notes and provide customized services to clients
- Some integrate to other accounting, customer relationship management (CRM) and office email & calendar systems.



# Health Information Exchange vs. Community Information Exchange

## HIE



Allows “health care providers, health plans and patients can ...share and view a patient’s vital medical information electronically—improving the speed, quality, safety and cost of patient care”



3 common types: Directed Exchange, Query-based Exchange, Consumer Mediated Exchange



Example: LANES Los Angeles

## CIE



Multidisciplinary partner network using integrated technology platform



Integrate data to support community care planning, bi-directional referrals



Example: CIE San Diego

# Some Possibilities in HMIS

- Can add templates and forms for entire CoC or agency access
- Any data field in a form can pull into another form
- Can export reports in Excel formats
- Can export data to be uploaded into other software or billing systems
- Data elements within forms can populate into other forms
  - For example: Client Identifier Number from an intake form could populate into the Housing Supports Plan, Progress Notes and ultimately into Billing Form
- Data entered can be viewed by CoC Administrator
- Administrator can limit or grant access to data across programs, can also enable individual agencies to create their own programs/departments for private use
- Can add user signature- may vary by vendor

# HMIS user types

End Users (staff entering data only)

Agency manager access role (not all CoC's have this function turned on)

Systems administrator access role- held by CoC

**Data Analysis add ons to CoC license can help to bring dashboards for end users and Agency managers**

# Where EHR's Excel

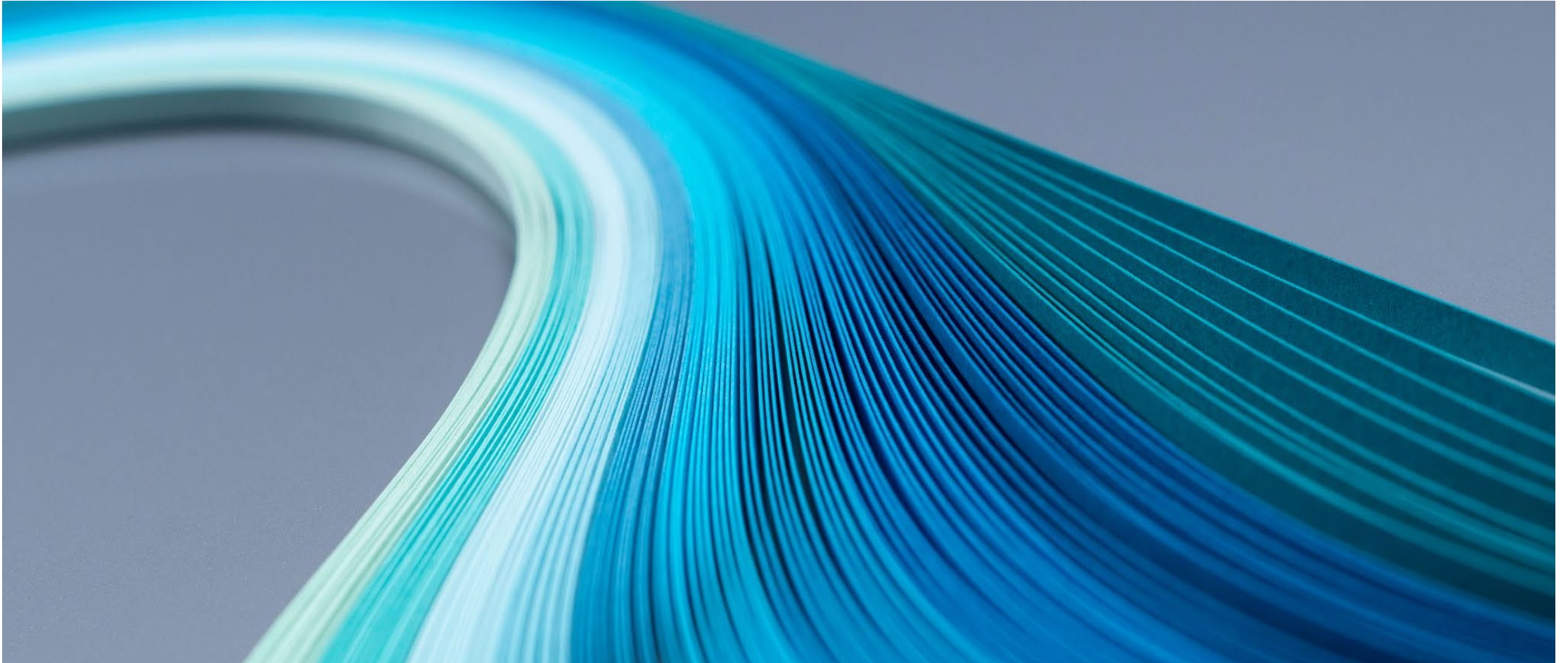
- Contain a patient's medical history, diagnoses, medications, multiple treatment plans, immunization dates, radiology images, lab and test results, provider signatures, referrals
- Can contain evidence-based tools and care pathways to help providers make decisions about a patients care
- Help to automate and streamline provider workflow taking the user through needed forms, having reminders and pulling in data from other forms
- Integrations with billing software, accounting software, office systems like calendars and email, HIE integration may be possible for patient notifications
- Offer multiple secure information sharing options
- Administered at agency level- administrators can limit user access to only certain relevant and necessary pieces of patient data to keep private



# New Data Elements for Community Supports

# Data In

(Data & reports sent TO providers)



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# DHCS CalAIM Data Guidance - what MCPs will send to CS Providers (April 2023)

## Community Supports Authorization Status File

Bi-weekly (every other week or every 10 days)

Excel-based workbook or another file format agreed upon

33 required data elements to be shared, 6 optional elements

MCPs encouraged to establish processes for providers to acknowledge receipt file



# New Guidance is Increasing Standardization

## CalAIM Data Guidance: Community Supports Member Information Sharing Guidance

”Increased statewide standardization, as overwhelmingly requested by the market, will ultimately support MCPs and Community Supports Providers in:

- implementing batch reporting from MCPs to Community Supports Providers about Member-level information, including the status of authorizations;
- facilitating more efficient outreach to Members;
- improving MCPs’ ability to track the status and progress of service delivery; and
- reducing administrative burden for MCPs and Community Supports Providers.”

# Data from MCPs that you may want to integrate into your system for documentation & quality improvement



Medi-Cal Member Client Index Number (CIN)



Authorization Start & End Dates



Medi-Cal Renewal Due Date



Member Race/Ethnicity Code



Homelessness Indicator Code



Member's Enhanced Care Management (ECM) Provider



Primary Payer (MCP) Identifier



Data elements for documentation and  
quality improvement

# Data Elements for Progress Notes

Date of entry

Date the service  
was provided

Types of service  
activities provided  
(could be check  
boxes)

Start and End  
Times and/or  
length of time  
spent

Location/type of  
contact

Client Name and  
ID#

Narrative  
description of  
service provided

Client response,  
progress, changes

Service is linked  
back to goals in  
service plan

Next  
steps/appointment  
date and time

Name of provider,  
signature and title  
of service provider

# Data Elements for Claims & Invoicing

Be sure to review the CalAIM Data Guidance: Billing and Invoicing between ECM/Community Supports Providers and MCPs AND Coding Options Guide

Table 1: Provider  
Information

Table 2: Member  
Information

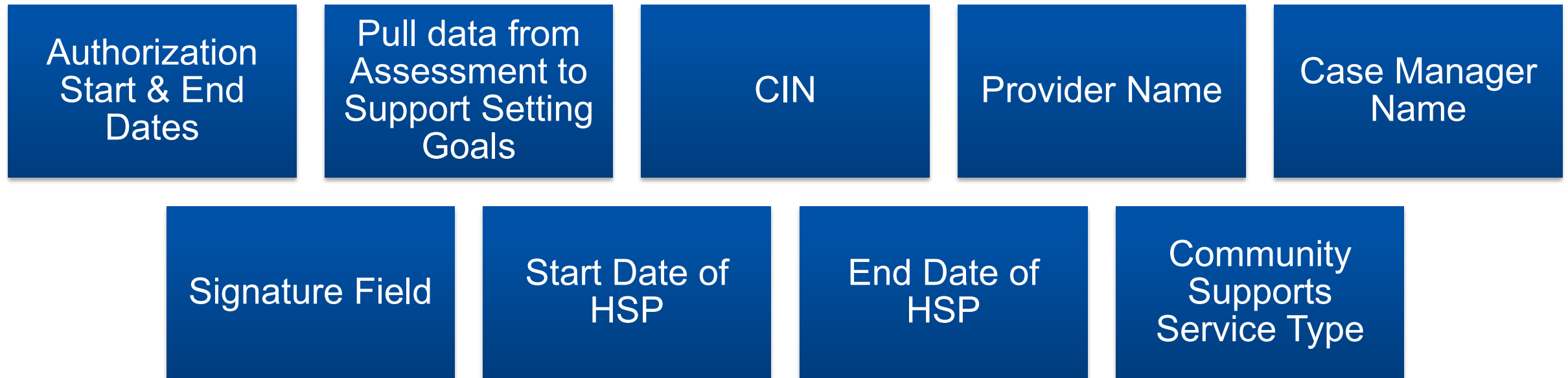
Table 3: Service & Billing  
Information

Table 4: Administrative  
Information

Note on file format: “MCPs must allow (providers) to submit invoices as an Excel-based workbook or web-based form or via a portal” see page 10-11

# Data Elements for Housing Supports Plans

See [Coding-Options-for-ECM-and-Community-Supports \(ca.gov\)](https://www.cdph.ca/Programs/CID/DCDC/Pages/Imz/ECM-and-Community-Supports.aspx) to ensure HSPs and Assessment data fields can be easily translated to invoices



# Data Elements for Quality Improvement

Creating dashboards to understand:

- Days from authorization of services to first visit
- Days from first visit to being document ready for move in- do you have a data field to show this status?
- Days from first visit to move in (data field could be homelessness or housing status)
- Days from visit date to progress note completed date
- Days from visit date to reimbursement received for service
- # of visits per client per case manager by acuity level
- # of clients per staff member by acuity level- does this relate to housing placement or other quality measures like satisfaction with services, are caseloads distributed evenly?
- # of hours spent on average per visit, by acuity level noted in assessment or chronicity of homelessness





# Tips for Tracking Time & Funding Sources

# Tracking Staff Time & Time by Client

## Data on Time Spent

- Start & End Times
- Total hours and minutes per client per month
- Total # of visits per client per month

## Staff Time Studies & Extrapolation

- By activity and funding source per client and per caseload → % of time spent on one funded service or another
- Remember: braiding not blending is best practice for audits

# Tracking Funding Sources - what are you currently doing?

## Departments & Programs

- Assign client to program or department, if 100% of service funding is covered by 1 source
- For clients in multiple programs or multiple funders in the same program, may need service activity data by visit, can use MCP identifier by client

## Staff Time Studies & Extrapolation

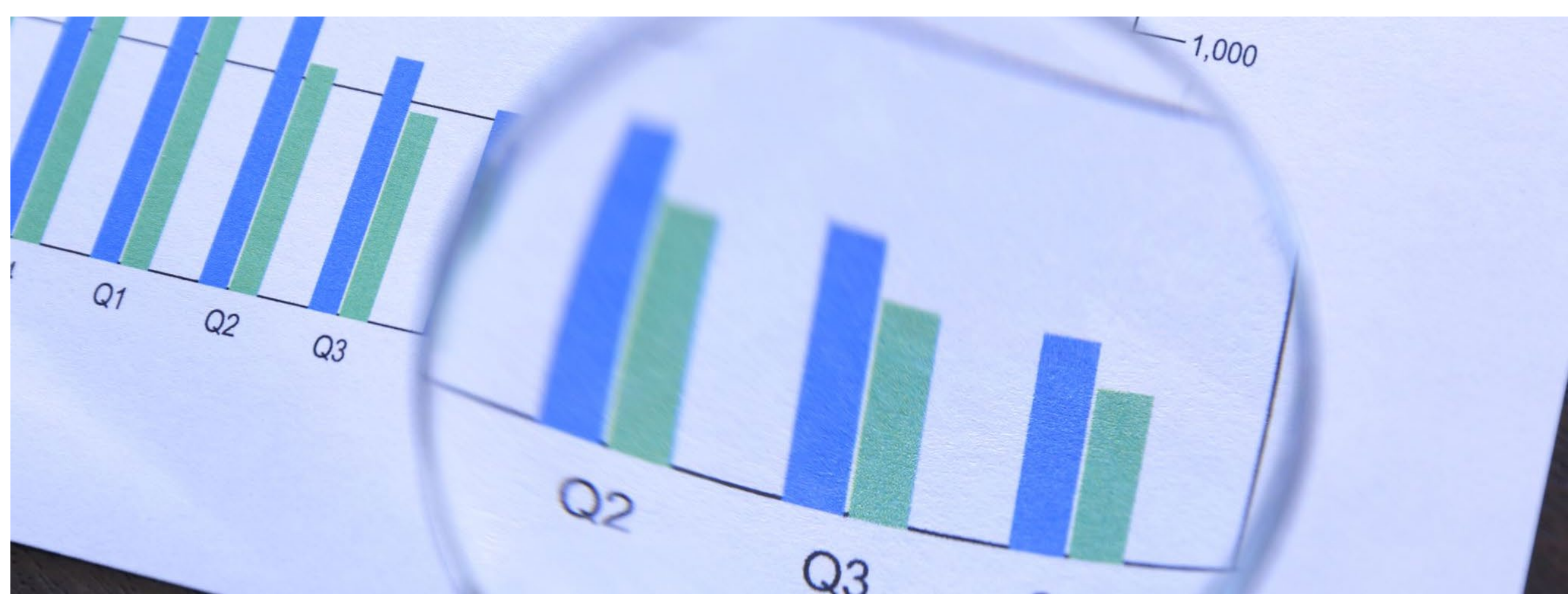
- By activity and funding source per caseload → % of time spent on one funded service or another → extrapolate average percentage by staff into funding sources to cover 100% FTE
- Remember: braiding not blending is best practice for audits

# Peer Share Out on Tracking Funding Sources



# Data Out

(Data & reports sent by providers TO partners & funders)







# Community Supports Monthly Data Reports

CS Provider Return  
Transmission File data elements

# Community Supports Provider Return Transmission File

- “Community Supports Providers must use the most timely and accurate data available.”
- Must be submitted monthly
- “MCPs may not require the submission of the Community Supports Provider Return Transmission File more frequently than once per month.”



## What is required versus what you may be asked to agree to

- “MCPs may not impose additional reporting requirements on Community Supports Providers that exceed the “minimum necessary” data elements established in this guidance unless mutually agreed to with the Community Supports Provider.”
- “MCPs and Community Supports Providers may mutually agree to a scaled back reporting schedule, or that the use of the Community Supports Provider Return Transmission File is unnecessary (for example, if the number of Members is agreed to be too low for it to be necessary)”

MCPs should  
work to align  
data formats

“DHCS also strongly encourages MCPs and Community Supports to establish regional agreements for the exchange...CS Provider Return Transmission File to align the data sharing method or platform to help reduce administrative burden.”

# What elements are required in the file?

Client Identification Number  
(CIN)

First & Last Name

Date of Birth

Each CS currently providing to  
member, in separate fields

Community Supports Service  
Delivery Start Date  
(MM/DD/YYYY)

Current Status of Member  
Engagement (use codes from  
DHCS)

- If discontinuation code is used, must then also report discontinuation reason code
- Must then also include service end date (MM/DD/YYYY)

# What elements are required in the file...cont'd

Community Supports Provider Return Transmission files also require:

Community Supports  
Provider Return  
Transmission File Production  
Date (MM/DD/YYYY)

Community Supports  
Provider Return  
Transmission File Reporting  
Period as  
MM/DD/YYYY.MM/DD/YYYY

Community Supports  
Provider Name

CS Provider NPI

CS Provider Phone Number

# File Formats

MCPs can require Community Supports Providers to report the Community Supports Provider Return Transmission File as an Excel-based workbook or another file format agreed upon with the Community Supports Provider.

As previously described, MCPs may use the Community Supports Authorization Status File to support Community Supports Provider reporting of the Community Supports Provider Return Transmission File (see “Authorization Status Tracker: (3) File Format”).

# File Transmission

Community Supports Providers can share files with MCPs through one of the following methods:

- Web-based portals;
- SFTP transmission
- Secure email (if no other option is available)

MCPs and Community Supports may exchange the Community Supports Provider Return Transmission File via another method if mutually agreed upon. These methods could include Health Information Exchanges, Community Information Exchanges, or referral platforms from other vendors.

## Resources from DHCS

More all guidance,  
visit [Enhanced  
Care  
Management and  
Community  
Supports \(ILOS\)](#)

and scroll down  
to Key ECM & CS  
Documents:

[CalAIM Data Guidance: Community Supports Member Information  
Sharing Guidance](#)

[Coding-Options-for-ECM-and-Community-Supports \(ca.gov\)](#)

[ECM and Community Supports Quarterly Implementation  
Monitoring Report Requirements \(ca.gov\)](#)

[April 2023 Updates to ECM and Community Supports Data  
Guidance Documents \(ca.gov\)](#)

[CalAIM Data Sharing Authorization Guidance](#)

[Enhanced Care Management and Community Supports \(ILOS\)  
homepage](#)



# Next Steps: R.E.A.C.H.



Read

- Read CalAIM Member Information [Data Guidance](#) & your MCP contracts for data and file sharing requirements

Explore

- PATH [CITED grant](#) and [TA Marketplace](#) portals

Attend

- Your local [PATH Collaborative Meetings](#)

Complete

- Course evaluation for today's session is linked [here](#)
- Post Medi-Cal [Academy Survey](#) by May 30<sup>th</sup>, 2023

Have saved

- [Link to Medi-Cal Session slides](#), recordings and tools-share within your agencies with links

# Post Academy Survey

<https://forms.microsoft.com/r/3XppcZYTWf>

**One survey per agency- all completed surveys will be entered into a raffle for \$250 gift card to lunch spot of your choice.**






**Questions?**

**Email us at:** [MediCalAcademy@csh.org](mailto:MediCalAcademy@csh.org)

Reminder:

Academy TA ends on May 30, 2023

# In the Chat: A Gratitude Waterfall



An opportunity for sharing gratitude and encouragement to fellow attendees and for sharing any takeaways from the Medi-Cal Academy.

# From our Team To Yours...

## THANK YOU!



Ali Niemi (she, her, hers),



Ambrosia Crump (she, her, hers),  
MPA, LCSW, EPNA



Ariana Saunders (she, her, hers),



Cheryl L. Winter (she, her, hers),  
LCSW, MPH



Jaline Gilliam (she, her, hers), LCSW



Dr. Marcella Maguire (she, her, hers),



Terri Power, LCSW (she, her, hers),



Theresa Tanoury (she, her, hers),



# Thank you!

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Medi-Cal Academy Agency Post  
Participation Survey

